

Inclusive Education Resource Centre Individuals & Professionals Membership Form

Mobile Centre Date : _____

Borrower Name: _____ DOB: _____

Gender : Male Female

Address: _____

Parent/Carer: _____ Phone (Home): _____

Email: _____ Phone (Mobile): _____

Agencies/therapists involved: _____

School/Education Program: _____

Primary Disability/Area of Impairment (tick one only):

<input type="checkbox"/> Physical (PI)	<input type="checkbox"/> Autism Spectrum Disorder (ASD)	<input type="checkbox"/> Speech (SL)	<input type="checkbox"/> Social-Emotional Disorder (SED)
<input type="checkbox"/> Intellectual (II)	<input type="checkbox"/> Developmental Delay (DD)	<input type="checkbox"/> Hearing (HI)	<input type="checkbox"/> Other (describe)

I am requesting:

- Selection of resources from mobile delivery service (choose one)
- once per term
 - twice per term
- Selection from ARC Disability Services at 92 Little St, North Cairns
- Open for borrowing every Thursday 9am-5pm no appointment needed
 - Open for borrowing other days by appointment
 - Open for borrowing during Qld State School holidays by appointment
- Selection via online catalogue with delivery via mobile service

Online catalogue: <http://arc.cmeweb.libcode.com.au/>

Membership Fee:

Individual/Professional Membership: 5 resources per loan: \$60 per year (or \$15 per term)

Membership entitles the borrower to loan up to 5 resources for up to 5 weeks at a time. Resources can be returned sooner if required. Loan periods can be extended by negotiation, if the particular resource in question is not on reserve for another borrower.

Payment Details (choose one)

- Cash payment Payment via EFT/Credit Card at ARC Disability Services
- Credit Card payment via telephone to ARC Disability Services
- Payment via invoice

Contact person for invoicing:

Name: _____ Role: _____

Telephone: _____ Email: _____

Please return this form to ARC Disability Services

E: info@arcinc.org.au

Loan Agreement

ARC Disability Services acknowledges the context in which resources are loaned, and acknowledges that damage to resources may occur within the course of normal and appropriate use of those resources.

I agree:

- To return resources clean and with all pieces intact.
- To inform staff if damage or loss to resources has occurred
- I understand that if damage or loss to resources has occurred through neglect, I may be charged a replacement fee.

I agree to the loan conditions (signature)	Printed Name

Office Use Only:

Date Received: _____ Received by: _____ Receipt No: _____